

11TH FLOOR 901 NORTH GLEBE ROAD ARLINGTON, VIRGINIA 22203-1808 Nixon & Vand ATTORNEYS AT LAW

October 26, 2005

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EMAIL: SCS@NIXONVAN.COM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Subject:

REQUEST FOR REFUND TO DEPOSIT ACCOUNT

Deposit Account No. 14-1140 Statement Date: September 2005

Date Posted: 09/14

Seq: 13, 14, 15, 16; Posting Ref Text: 10535493

Fee Codes: 1631 (\$300); 1633 (\$200); 1642 (\$400); 1615

(\$200)

Our Ref.: 540-563

To whom it may concern:

Regarding the Monthly Statement of Deposit Account dated September 30, 2005, (copy attached), we believe there is a fee related error therein, which has resulted in charges to our Deposit Account that appear to be unwarranted. Please refer to the following explanation and issue a refund as soon as possible.

Fee codes 1631, 1633, 1642 and 1615 are fees which were all paid by the Credit Card Payment Form filed May 18, 2005, a copy of which is enclosed.

Accordingly, please credit Deposit Account No. 14-1140 in the amount of \$1100.00 to offset the incorrect charges.

Very truly yours,

NIXON & VANDERMYE P.

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	09/15 9	10983673		1591 ML	2614	\$50.		\$18,612.98
	09/15 10	10530015	2333	1-139 PAM			0.00	\$18,432.98
	09/15 60	10738207		159 RWF	1806		5:00	\$18,107.98
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	09/20 6	10531303		1-188 MJW	2615		00.00	\$16,417.98
	09/20 93			79-777 MJW	1806	-\$	180.00	\$16,597.98
	09/20 10			0-204 SCS	2251	-\$!	55.00	\$16,652.98
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	09/21 1			3-99 DIG			250.00	\$22,380,08
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PTO-2038 (02-2003)

Apr ed for use through 02/28/2006. OMB 0651-0043

United States ratent and Traues

United States ratent and Traues Office: U.S. DEPARTMENT OF COMMERCE

United States Patent and Trademark Office Credit Card Payment Form

Place read Instructions before Completing this Form

Credit Card Information									
Credit Card Type: American Express									
Credit Card Account #: 3782 926477 22021									
Credit Card Expiration Date: 03/06									
Name as it Appears on Credit Card: Robert B. Barnas/Nixon & Vanderhye P.C.									
Payment Amount: \$ (U.S. Dollars): \$1,249.09									
	B. Barnas/	m II	Date: May 18, 2005						
Refund Policy: The Office may refund a fee paid by mistak or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 C.F.R. §1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged. Service Charge: There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 C.F.R. § \$1.21 (m)). Credit Card Billing Address									
Street Address 1: 901 N	Street Address 1: 901 North Glebe Road								
Street Address 2: 11th floor									
City: Arlington									
State/Province: VA		Zip/Postal Code: 22203							
Country: U.S.A.									
Daytime Phone #: 703-		Fax #: 703-816-4100							
		ment Information							
Description of Request and Payment Information: 1631-Filing Fee (\$300.00); 1633-Examination Fee (\$200.00); 1632-Search Fee (\$500.00); 1615-Excess Claim Fee (\$200.00); 8021-Recording Fee (\$40.00)									
Dkt. No. 540-563		-							
Patent Fee	Patent Maintenance Fee	☐ Trademark Fee	Other Fee						
Application No.	Application No.	Application No.	IDON Customer No.						
Patent No.	Patent No.	Registration No.							
Attorney Docket No. 540-563		Identify or Describe Mark							